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Dated: 23-4 Signature: Carol Mitchell
Carol Mitchell

Docket No.: 34650-00565USPT
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Nidzara Dellien et al.

Application No.: 09/772444

Art Unit: 2655

Filed: January 29, 2001

Examiner: J. R. Jackson

For: METHOD AND APPARATUS FOR
COMPRESSION OF SPEECH ENCODED
PARAMETERS

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Technology Center 2600

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated June 10, 2004 (Paper No. 6), please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

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AMENDMENT TRANSMITTAL LETTER			Docket No. 34650-00565USPT		
Application No. 09/772444-Conf. #1047	Filing Date January 29, 2001	Examiner J. R. Jackson	Art Unit 2655		
Applicant(s): Nidzara Dellien et al.					
METHOD AND APPARATUS FOR COMPRESSION OF SPEECH ENCODED Invention: PARAMETERS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 41 =		x	
Independent Claims		- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>10-0447</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Stanley R. Moore Attorney Reg. No.: 26,958			Dated: <u>Sept 2, 2004</u>		
JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION 1445 Ross Avenue, Suite 3200 Dallas, Texas 75202 (214) 855-4713					
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Dated: <u>9-3-4</u>		Signature: <u>Carol Mitchell</u> Carol Mitchell			